

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51	/		/	
2		/		/	/		52				
3		/		/	/		53				
4		3		/	/		54				
5		0		/	/		55				
6		0		/	/		56				
7	/		/				57				
8		/		/	/		58				
9		/		/	/		59				
10		/		/	/		60				
11	/		/				61				
12		/		/	/		62				
13	/		/				63				
14		/		/	/		64				
15		/		/	/		65				
16		/		/	/		66				
17		/		/	/		67				
18	/		/		/		68				
19		/		/	/		69				
20	/		/				70				
21		/		/	/		71				
22		0		20			72				
23		0		20			73				
24		0		/	/		74				
25		0		/	/		75				
26		0		/	/		76				
27		0		/	/		77				
28		0		/	/		78				
29		0		/	/		79				
30		0		/	/		80				
31	/		/				81				
32		/		/	/		82				
33		/		/	/		83				
34		0		/	/		84				
35		0		/	/		85				
36		0		/	/		86				
37		0		/	/		87				
38		0		/	/		88				
39		0		/	/		89				
40		0		/	/		90				
41		0		/	/		91				
42		0		/	/		92				
43		0		/	/		93				
44		0		/	/		94				
45		0		/	/		95				
46		0		/	/		96				
47		0		/	/		97				
48		0		/	/		98				
49		0		/	/		99				
50		0		/	/		100				
TOTAL IND.	8		8				TOTAL IND.	8			
TOTAL DEP.	45		45				TOTAL DEP.	84			
TOTAL CLAIMS	53		53				TOTAL CLAIMS	92			